

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 3/15/05

2 Serial/Patent # 10/524215

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing Fee Change			\$ 100.00
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$

		7 TOTAL AMOUNT OF REFUND	\$ 100.00
		8 TO BE REFUNDED BY:	CD
		Treasury Check	
		Credit Deposit A/C #:	
		9	--
10 REASON:	<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		

11 REFUND REQUESTED BY:		
TYPED/PRINTED NAME:	Rita White	TITLE:
SIGNATURE:	Rita White	PHONE:
OFFICE:	DO/EO	231
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****		
APPROVED:	DATE:	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance

Refund Branch

Crystal Park One, Room 802B